

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CA (AMBULATORY)

Facility Information

Facility Name: GARLICKS CBRF INC (510020)
Address: 539 N EAU CLAIRE STREET, MONDOVI, WI 54755
License Status: REGULAR
Licensed/Certified/Registered 09/30/1985
Regional Office: WESTERN REGION (EAU CLAIRE), (715) 836-4752

Survey History

Survey ID: 0095389 **End Date:** 08/03/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009815 Served 08/19/2005

Deficiencies Cited

83.42(2)(a)

83.42(8)(b)

Subject Area

EVALUATION RESIDENT EVACUATION LIMITS

FIRE EXTINGUISHER

Compliance
Verified

Corrected

Survey ID: 0094631 **End Date:** 04/22/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CA (AMBULATORY)

Survey ID: 0093061 **End Date:** 07/30/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009789 Served 08/03/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.05(2)(a)	CLASS A AMBULATORY (AA)	04/22/2005	Yes
83.14(7)(b)	CONTINUING EDUCATION	08/31/2004	Yes
83.21(4)(w)	SAFE ENVIRONMENT	07/30/2004	Yes
83.53(1)(f)	REQUIRED WIDTH CLEAR & UNOBSTRUCTED	07/30/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CA (AMBULATORY)

Enforcement History

Date: 08/02/2004 **SOD #**10009789 **Appealed:** No

Sanctions

FORFEITURE---83.14(7)(b)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.